Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/01/2014	Address:	53449 CR 9, LOT 15	
Incident #:	14ISPC000034		ELKIIART, IN 46514	
County:	ELKHART-20		OSOLO TWNSHP	
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			(check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
(check all that	: Location (bedroom, kitchen, open air. apply) r Birch Reaction(s): <u>KITCHEN</u>	<u>ctc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Ilydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents: <u>KITCHEN</u>				
Water Reactive Metal (Lithium): <u>KITCHEN</u>				
Anhydrous Ammonia:				
Corrosive	Acid:			
Corrosive	Base: BATHROOM			
Other (iter	m and location):			
Vehicle Infor	unation:			
Owner; VIN: Year:	N/A N/A N/A	Make: Model;	N/A N/A	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside		Living condit	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been	
or visit often		occurring:	occurring: Additional Information:	
This report h	as been faxed# or emailed to the fo	llowing agencies tha	t serve the location:	
Fire Department City, Township or County OSOLO Health Department County: ELKHART Fax: 574-266-6208 Fax: 574-875-3376 Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596				
For further info Investigating O	rmation regarding this methamphetar flicer: <u>DEAL</u> Phon	nine laboratory, conta e <u>574-546-4900</u>	act	

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.